

August 23, 2001

Mr. John Bugnitz
White Cap, LLC
2201 West Maryland Street
Evansville, Indiana 47712

Re: 163-14700-00003
First Administrative Amendment to
Part 70 T163-6913-00003

Dear Mr. Bugnitz:

Silgan Containers Corporation was issued a permit on January 19, 1999 for a stationary fabricated metals products operation. A letter requesting a transfer of ownership and name change was received on July 26, 2001. Pursuant to the provisions of 2-7-11 the permit is hereby administratively amended as follows:

White Cap, Inc. And Silgan Containers Manufacturing Corp., completed a joint venture effective July 1, 2001. The new owner is White Cap, LLC, Downers Grove, Illinois. The corporate contact for White Cap, LLC environmental affairs is Mr. Ralph Fasano, 1819 N. Major Avenue, Chicago, Illinois 60639. White Cap, LLC has determined that the responsible official duties will remain with Mr. John Bugnitz, Plant Manager and meets the requirements of 326 IAC 2-7-1(34)(A)(v). The new operating name will be White Cap, LLC. Mr. Ed Huber, Quality Assurance Manager at the Evansville plant is the designated plant environmental point of contact.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

Richmond, Indiana

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5.
If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,

Original signed by
Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments: Replacement Pages

PD/gkf

cc: File - Vanderburgh County
Vanderburgh County Health Department
Air Compliance Section Inspectors - Scott Anslinger
Compliance Data Section - Karen Nowak
Permit Review Section 1 - Gary Freeman
IDEM Southwest Regional Office
Local Agency - City of Evansville EPA

**PART 70 OPERATING PERMIT
OFFICE OF AIR QUALITY
and
City of Evansville EPA**

**White Cap, LLC
2201 West Maryland Street
Evansville, Indiana 47712**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 and 326 IAC 2-1-3.2 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T163-6913-00003	
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Quality	Issuance Date: January 19, 1999 Expiration Date: January 19, 2004

First Administrative Amendment: 163-14700-00003	Pages Affected: 35, 36, 37, 38 and 39
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: August 23, 2001

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION
and
City of Evansville EPA**

**PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: White Cap, LLC
Source Address: 2201 West Maryland Street, Evansville, Indiana 47712
Mailing Address: 2201 West Maryland Street, Evansville, Indiana 47712
Part 70 Permit No.: T163-6913-00003

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

9 Annual Compliance Certification Letter

9 Test Result (specify) _____

9 Report (specify) _____

9 Notification (specify) _____

9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967**

and City of Evansville EPA

**PART 70 OPERATING PERMIT
EMERGENCY/DEVIATION OCCURRENCE REPORT**

Source Name: White Cap, LLC
Source Address: 2201 West Maryland Street, Evansville, Indiana 47712
Mailing Address: 2201 West Maryland Street, Evansville, Indiana 47712
Part 70 Permit No.: T163-6913-00003

This form consists of 2 pages

Page 1 of 2

Check either No. 1 or No.2

- 9** 1. This is an emergency as defined in 326 IAC 2-7-1(12)
- C** The Permittee must notify the Office of Air Quality (OAQ) within four **(4)** business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
 - C** The Permittee must submit notice in writing or by facsimile within two **(2)** days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16

- 9** 2. This is a deviation, reportable per 326 IAC 2-7-5(3)(c)
- C** The Permittee must submit notice in writing within ten **(10)** calendar days

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency/Deviation:

Describe the cause of the Emergency/Deviation:

If any of the following are not applicable, mark N/A

Page 2 of 2

Date/Time Emergency/Deviation started:
Date/Time Emergency/Deviation was corrected:
Was the facility being properly operated at the time of the emergency/deviation? Y N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency/deviation:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____
Title / Position: _____
Date: _____
Phone: _____

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

and City of Evansville EPA

Part 70 Quarterly Report

Source Name: White Cap, LLC
Source Address: 2201 West Maryland Street, Evansville, Indiana 47712
Mailing Address: 2201 West Maryland Street, Evansville, Indiana 47712
Part 70 Permit No.: T163-6913-00003
Facility: four (4) roll coating operations
Parameter: VOC
Limit: 234 tons VOC emissions per 12-month period. This is equivalent to 1,560 tons of VOC delivered to the applicators when the thermal oxidizer is operating at 85% control efficiency.

YEAR: _____

Month	Tons VOC this month	Tons VOC past 11 months	Tons VOC past 12 months

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.
Deviation has been reported on: _____

Submitted by: _____
Title / Position: _____
Signature: _____
Date: _____
Phone: _____

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION
and City of Evansville EPA**

**PART 70 OPERATING PERMIT
QUARTERLY COMPLIANCE MONITORING REPORT**

Source Name: White Cap, LLC
Source Address: 2201 West Maryland Street, Evansville, Indiana 47712
Mailing Address: 2201 West Maryland Street, Evansville, Indiana 47712
Part 70 Permit No.: T163-6913-00003

Months: _____ **to** _____ **Year:** _____

This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted quarterly. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.

Compliance Monitoring Requirement (e.g. Permit Condition D.1.3)	Number of Deviations	Date of each Deviation

Form Completed By: _____
Title/Position: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.